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EXHIBIT C

Sentencing Order

(03/09/20) CCCR 0090 A

THE PEOPLE OF THE STATE OF ILLINOIS,	Criminal Division			
or	☐ Municipal District No			
	Br/Rm			
A Municipal Corporation	Br/Rm 700 Case No. 20 CR 03050-01 Statute Citation: 720 ILCS 5/26-1(a)(4)			
V.	Statute Citation: 720 ILCS 5/26-1(a)(4)			
JUSSIE SMOLLETT				
Defendant	AOIC Code:			
	IR No. 239748 SID No			
,	CB No. 19771648			
SENTENCI	NG ORDER			
□ SOCIAL SERVICE >				
☐ SUPERVISION ☐ CONDITIONAL DI	SCHARGE STANDARD PROBATION			
	1.2			
the Defendant is sentenced to a term of 30 Years X	Months Days			
Scheduled Termination Date:				
☐ Misdemeanor X Felony ☐ Standard Probation ☐ Adult Probation Drug Court ☐ Adult Probation Mental Health	Court Adult Brobaton Verson Court			
☐ Adult Probation ACT Court ☐ Adult Probation Mental Health I	Unit			
Adult Probation Sex Offender Program (additional requirements -	see additional order)			
Other				
Special Probation includes the following statutory requirements:				
720 ILCS 550/10 (550 Probation Cannabis Control Act) 24 m minimum of 3 periodic drug tests	contins probation, no less than 30 hours community service,			
☐ 720 ILCS 570/410 (410 Probation Controlled Substances Act)	24 months' probation, no less than 30 hours community service,			
minimum of 3 periodic drug tests	AND 4 10000 2004 MINE AND			
720 ILCS 646/70 (Methamphetamine Control & Community Protection Act) 24 months' probation, no less than 30 hours community service, minimum of 3 periodic drug tests				
730 ILCS 5/5 6-3.6 (1st Time Weapon Offender) 18-24 month	hs' probation, minimum of 50 hours community service, both			
school and employment, periodic drug testing 730 ILCS 5/5-6-3-4 (Second Chance) no less than 24 months'	probation, minimum of 30 hours community service, high school			
diploma/GED and employment, minimum of 3 periodic drug	z tests			
☐ 720 ILCS 5/12C-15 (Child Endangerment Probation) no less	than 2 years' probation, cooperate with all requirements and			
recommendations with the Department of Children and Fami	ly Services (DCFS).			
☐ Reporting (All DUI orders are reporting) Non-Reporting ☐ Limited Reporting (Monitor community service or restitution only)				
It is further ordered Defendant shall comply with the conditions speci-				
STANDARD CONDITIONS				
If reporting is ordered, the Defendant shall report immediately to	the Social Service of Adult Probation			
Department as indicated in the above Sentencing Order and pay t	hat department such sum as determined by the department in			
accordance with the standard probation fee guide. Said fee not to	exceed \$50.00 per month.			
Pay all fines, costs, fees, assessments, reimbursements and restitutions (if applicable, additional order required.).				

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	, and the state of	Social Service that would cause a financial hardship
	Complete TASC Program. DUI Offenders Classified Level A Monitoring, report immediately to Central States Institute of Addictions and commence the following tree (60) days of this order:	
	☐ Minimum ☐ Moderate ☐ Significant DUI Offenders Classified Level B or C Monitoring, report immediately to: ☐ Social Service Department ☐ Adult Probation Department and complete a drug/alcohologomely with the intervention plan and commence the following treatment intervention program Minimum ☐ Moderate ☐ Significant ☐ High Attend a Victim Impact Panel. File proof of financial responsibility with the Secretary of State. Surrender Driver's License to Clerk of the Court. Pay all Driver's License reinstatement fees.	ol evaluation within thirty (30) days, fully am within sixty (60) days of this order:
SP	PECIAL CONDITIONS Home Confinement through Adult Probation until(Additional Order Require	rd).
	GPS device through Adult Probation untilat \$10 per day (Additional Order R Submit to searches by Adult Probation of person and residence when there is reasonable sus (high risk probationers only). Obtain a GED.	
	Performhours of community service as directed by the ☐ Social Service or ☐ Adult Probation Department Community Service Program.	
	Perform days of Sheriff's Work Alternative Program (S.W.A.P.) (773) 674-0716. Weekends Allowed	
	Avoid contact with: Complete mental health evaluation and treatment recommendations. Register as a Violent Offender Against Youth. Register as an Animal Abuser with the Cook County Sheriff. DNA Indexing. Complete Anger Management Counseling and any other recommedations per assessment, with treatment for alcohol and drug abuse, mental health, parenting or sexual abuse.	hich may include an evaluation and/or
	OMESTIC VIOLENCE Comply with all lawful court orders including an Order of Protection. Complete Domestic Violence Counseling and any other recommendations per assessment, whiteatment for alcohol and drug abuse, mental health, parenting or sexual abuse.	uch may include an evaluation and/or

Iris Y. Martinez, Clerk of the Circuit Court of Cook County, Illinois cookcountyclerkofcourt.org

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SEX OFFENDER Additional conditions required - see additional order. Complete evaluation and treatment recommendations for sex offenders. Register as a sex offender. STD/IIIV Testing.	Stephen J. KGNE Depty corporation County City of classaction of Can City of classaction Street Chartelada
RESTITUTION X Make restitution to: Stephen J. Lane	Cha Italia
City of Chicago Department & Law in the amount of	\$ 120,100 , payable through the Social Service
Department or Adult Probation Department at the rate of \$	(6)
per with final payment due on or before Ha	ren 10, 2024
□ OTHER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
X ADDITIONAL ORDERS	
· First 150 days in cook county ?	Sail
· Given permission to travel out if	
I acknowledge receipt of this Order and agree to abide by the specified coprovided to the monitoring agency and to answer questions asked by the Comply with the conditions of this Order, or refusal to participate, or with be considered a violation of this Order and will be reported to the Court; as provided for the offense.	ouri related to my behavior. I understand that a failure to drawal or discharge from a required program, plan, or testing will
(Defendant's Name) (D	glendant's Signature)
Defendant DOH:	
Address:	_ City:
State: Zip:	
Telephone:	
Prepared by: Office of the special grossestor	
	Judge Judge's No. Court of Cook County, Illinois

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